

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)									
A. Agency code and subelement, and submitting office number (XX-XX-XXXX)		B. Standard document number (Org Identifier/ FY, Doc./ type code/ Serial number)		C. Request Status or Process Code (X one)			D. Amendment No.		
				<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (3) Correction <input type="checkbox"/> (4) Cancellation					
Section A - TRAINEE / APPLICANT INFORMATION									
1. Name (Last, First, Middle Initial) Rudolph, Janet M. (Include Fax Number)		2. 1st 5 letters of last name Rudol		3. Social Security Number 123-27-4567		4. Ed. level 11		5. Continuous Federal Svc a. Years 9 b. Months 7	
6. Home Address (Street, City, State and ZIP Code) (optional) 123 Sleepy Hollow Falls Church, VA 22046		7. Phone Numbers (Include area code) a. Home (301) 312-4562 b. Office		8. Position Title Program Analyst					
11. Organization Name OSD/DOT&E		(1) Commercial (703) 697-2176 (2) Autovon		9. Position Level (X one) a. Executive b. Manager		10. Pay Plan / Series / Grade / Step (Rank/ MOS/AFSC/or Navy Designator) GS-11			
12. Organization Mailing Address (Include ZIP) AMC Bldg, 2S20 5001 Eisenhower Ave, Alexandria, VA 22333		13. Organization UIC		14. Type of Appointment C		15. No. prior non-government training days 0			
		18. Are you handicapped or disabled? (X one) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		16. Are you a non-supervisory employee? (X one) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		17. Other (Specify)			
Section B - TRAINING COURSE DATA									
17. Course Title Contracting Officer's Representatives Class									
18. Training Objectives (Benefits to be derived by the Government) Assist the contracting officer as delegated, oversee onrtract performance and report accordingly to the contracting officer. I will learn acquisition terminology, and the leagal and regulatory framework. I will become familiar with the basic elements of a contract. I will learn how to evaluate and document performance information. I will learn to identify when changes need to be made to a contract and how to prepare atechanical analysis. (Include E-Mail Address)						19. Recommended Training Source, School or Facility a. Name Management Concepts b. Mailing address (Include ZIP) 1101 Connecticut Avenue, NW, Suite 920 Washington, DC 20036 Phone 202-955-1008			
20. Course Codes a. Purpose 1 f. Security Clearance U k. Training Program b. Type 5 g. Allocation Status 1 l. Reason for Selection 1 c. Source 4 h. Priority 1 23. Training Period (YYMMDD) d. Special Interest i. Training Level a. Start 001218 e. Training Vendor j. Method of Training b. Complete 001222						c. Location of training site (if other than 19b) Washington, D.C			
21. Course hours (4 digits) a. Duty 40. b. Non-duty 0 c. TOTAL 40.0						22. Course Identifiers a. SAID b. Catalog / Course 1070 c. Offering / TLN			
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)									
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>									
25. Direct Costs a. Tuition cost 612.00 b. Books, material, other costs c. Total direct costs 612.00 d. Funding source 31. Job Order No.				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs 28. Labor Costs		27. Accounting Classification			
						29. Signature of Fiscal Officer (Follow local procedure)			
						30. Total of Direct & Indirect Costs \$612.00			
Section D - APPROVAL / CONCURRENCE / CERTIFICATION									
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) Jones -Davis, Mary Ann b. Phone number (Include area code) (703) 697-7335 c. Signature & Title Supervisor, DOT&E d. Date					33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date				
34. Authorizing Official a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved b. Typed Name (Last, First, Middle Initial) Leslye McDade-Morrison c. Phone number (Include area code) (703) 617-7170 d. Signature & Title Assistant Director, Human Resource Development e. Date					35. Course Acceptance (To be completed by school official) a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/> c. School Official Signature d. Date				
36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/> b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date									
37. Billing Instructions (Identify discount terms 0.00 % 0 days.) Furnish original invoice and 3 copies to: NCR HRSC HRD AMC BLDG RM 2N36 5001 EISENHOWER AVENUE ALEXANDRIA, VA 22333-0001					38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ 0.00 b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number				
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.									